

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/088558**

FILING DATE  
**26 NOV 201**

APPLICANT(S)

CLAIMS

IND.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	D
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1		/					51					
2			/				52					
3				/			53					
4					/		54					
5						/	55					
6							56					
7						/	57					
8							58					
9							59					
10						/	60					
11							61					
12						/	62					
13							63					
14						/	64					
15							65					
16						/	66					
17							67					
18						/	68					
19							69					
20						/	70					
21							71					
22						/	72					
23							73					
24						/	74					
25							75					
26						/	76					
27							77					
28						/	78					
29							79					
30						/	80					
31							81					
32						/	82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			5				TOTAL IND.					
TOTAL DEP.			24				TOTAL DEP.					
TOTAL CLAIMS			33				TOTAL CLAIMS					